

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Easterling Correctional Facility  
c/o Patricia Brantley, CO 1  
200 Wallace Drive  
Clio, AL 36017

## 2. Article Number

(Transfer from service label)

7006 2760 0002 8193 0395

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Sharon Blahy

 Agent Addressee

## B. Received by (Printed Name)

## C. Date of Deliver

1/31/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Cmp &amp; Op

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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## 1. Article Addressed to:

Easterling Correctional Facility  
c/o Brian Mitchell, Counselor  
200 Wallace Drive  
Clio, AL 36017

2.06CV117-MEF

## 2. Article Number

(Transfer from service label)

7006 2760 0002 8193 0418

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Sharon Blahy

 Agent Addressee

## B. Received by (Printed Name)

## C. Date of Deliver

1/31/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Cmp &amp; Op

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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## 1. Article Addressed to:

Easterling Correctional Facility  
c/o Kenneth Scounyer  
200 Wallace Drive  
Clio, AL 36017

2.06CV117-MEF

## 2. Article Number

(Transfer from service label)

7006 2760 0002 8193 0371

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Sharon Blahy

 Agent Addressee

## B. Received by (Printed Name)

## C. Date of Deliver

1/31/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Cmp &amp; Op

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to:

Easterling Correctional Facility  
c/o Stephanie Scott, Counselor  
200 Wallace Drive  
Clio, AL 36017

20060117-MEF

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 0388

A. Signature

X  
Shawn Black Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Deliver

1/3/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Chupe CP

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Easterling Correctional Facility  
c/o Linda Glenn, COI  
200 Wallace Drive  
Clio, AL 36017

Chupe CP

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 0401

A. Signature

X  
Shawn Black Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Deliver

1/3/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

20060117-MEF

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Easterling Correctional Facility  
c/o Gwendolyn Moseley, Warden  
200 Wallace Drive  
Clio, AL 36017

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 0432

A. Signature

X  
Shawn Black Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Deliver

1/3/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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102595-02-M-154

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1. Article Addressed to:

Easterling Correctional Facility  
 c/o Anthony Askew  
 200 Wallace Drive  
 Clio, AL 36017

200wallace

2. Article Number  
(Transfer from service label)

7006 2760 0002 8193 0449

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/31/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Crp E. 00

## 3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes